				Complete if Known			
Substitute for Form 1449 A & B/PTO			Application Number	10/786,503			
			Confirmation				
INFORMATION DISCLOSURE STATEMENT BY APPLICANT			<u>URE</u>	Number	4316		
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(use as many sheets as necessary)			arv)	First Named Inventor	Akira YODA		
			(ur y)	Art Unit	2625		
				Examiner Name	Jamares WASHINGTON		
Sheet	1	of	1	Attorney Docket Number	Q79994		

			U.S. PA	ATENT DOCU	JMENTS
Examiner Initials*	Cite No.1	Document Number		Publication Date	
		Number	Kind Code <sup>2</sup> (if known)	MM-DD-YYYY	Name of Patentee or Applicant of Cited Document
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NON PATENT LITERATURE DOCUMENTS					
Examiner Initials*	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city, and/or country where published.	Translation		

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<sup>\*</sup>EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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